



Internal Use Only:			
Tax ID #		Date	
License Code		Initial	
Received By		Amount	
Session #		Check #	

## BUSINESS LICENSE APPLICATION FOR RENTAL PROPERTY

Return to: Revenue Division  
P.O. Box 4089, Gulf Shores, AL 36547

Please select one: CONDO \_\_\_\_\_ HOUSE \_\_\_\_\_ DUPLEX \_\_\_\_\_ LONG TERM (>180 DAYS) \_\_\_\_\_

Organizational Type: ☐ 1 Corporation ☐ 2 Partnership ☐ 3 Proprietorship ☐ 4 Professional Assoc. ☐ 5 Other \_\_\_\_\_

Legal Name of Owner: \_\_\_\_\_  
(Last name first, if individual)

Mailing Address for Owner:

\_\_\_\_\_  
P.O. Box / or Street # and Name

\_\_\_\_\_  
City/State/Zip

Physical Address of Rental Property:

\_\_\_\_\_  
Name of Rental Property and Unit #

\_\_\_\_\_  
Street # and name

\_\_\_\_\_  
City/State/Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Cell Home

### Local Emergency Contact Information (Required):

Name: \_\_\_\_\_ Local Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Rental Unit is: ☐ within Gulf Shores city limits; ☐ within Gulf Shores police jurisdiction

Lodging Tax Remitted By: ☐ Self ☐ Management Company \_\_\_\_\_  
Name of Company

If Lodging Tax remitted by self, will you file ☐ by mail ☐ E-file on-line

Beginning date for renting in Gulf Shores: \_\_\_\_\_ (Please be accurate, even if prior to today.)

E-Mail Address: \_\_\_\_\_ Federal ID# (optional): \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Please Print

### Owner(s), Partners, and Officers Information (Attach separate sheet, if necessary):

Name	Driver's License #/State of issuance	Title
_____	_____	_____
_____	_____	_____

The information provided on this application is a true and complete representation of the above-named entity and person(s) listed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Office Use Only: If self-managed, date tax form mailed \_\_\_\_/\_\_\_\_/\_\_\_\_